



DEPARTMENT OF BUSINESS AND INDUSTRY
DIVISION OF INSURANCE
1818 East College Pkwy., Suite 103
Carson City, Nevada 89706
(775) 687-0700 • Fax (775) 687-0787
Website: doi.nv.gov
E-mail: insinfo@doi.state.nv.us

RELEASE OF SECURITIES

Date: _____

To: State of Nevada Commissioner of Insurance

At this time, _____ respectfully request the
Company Name and NAIC #

release of the securities held at _____ as listed below.
Depository Name

| <u>Description of Securities</u> | <u>Amount</u> | <u>CUSIP</u> | <u>Interest Rate</u> | <u>Maturity Date</u> |
|----------------------------------|---------------|--------------|----------------------|----------------------|
| 1 _____ | | | | |
| 2 _____ | | | | |
| 3 _____ | | | | |

The replacement Securities are held at _____ listed below
Depository Name

| <u>Description of Securities</u> | <u>Amount</u> | <u>CUSIP</u> | <u>Interest Rate</u> | <u>Maturity Date</u> |
|----------------------------------|---------------|--------------|----------------------|----------------------|
| 1 _____ | | | | |
| 2 _____ | | | | |
| 3 _____ | | | | |

Please mail the release documents as follows:

| | |
|------------------|---------------|
| Attention: _____ | Phone # _____ |
| Entity: _____ | |
| Address: _____ | |
| _____ | |
| _____ | |

Signature: _____ Title: _____
Officer of Company